

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000132644

1. Entity Name
REID & ZOBEL, P.A.



**FILED
Feb 02, 2006 8:00 am
Secretary of State**

02-02-2006 90039 037 ***150.00

Principal Place of Business
222 LAKEVIEW AVE
WEST PALM BEACH, FL 33401 US

Mailing Address
PO BOX 2926
WEST PALM BEACH, FL 33402 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1160

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number

20-1647192

\$8.75 Additional
Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

REID, JUSTUS W
227 EDEN ROAD
PALM BEACH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REID, JUSTUS W 227 EDEN ROAD PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2006 561-659-7700
Date Daytime Phone #